



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6951

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/518,813	03/03/2000	435	1639	102286.412
RULE				

APPLICANTS

Francis Joseph Carr, Aberdeen, UNITED KINGDOM;
 Graham Carter, Aberdeen, UNITED KINGDOM;
 Anne Anita Hamilton, Aberdeen, UNITED KINGDOM;
 Fiona Suzanne Adair, Aberdeen, UNITED KINGDOM;
 Stephen Williams, Aberdeen, UNITED KINGDOM;

** CONTINUING DATA *****

This application is a CON of PCT/GB98/02649 09/03/1998
 and claims benefit of 60/070,050 12/30/1997
 and said PCT/GB98/02649 09/03/1998
 claims benefit of 60/070,063 12/30/1997
 and claims benefit of 60/070,062 12/30/1997
 and claims benefit of 60/070,037 12/30/1997

** FOREIGN APPLICATIONS *****

UNITED KINGDOM 9718552.4 09/03/1997
 UNITED KINGDOM 9719834.5 09/18/1997
 UNITED KINGDOM 9720184.2 09/24/1997
 UNITED KINGDOM 9720522.3 09/29/1997
 UNITED KINGDOM 9720523.1 09/29/1997
 UNITED KINGDOM 9801255.2 01/22/1998
 UNITED KINGDOM 9803828.4 02/25/1998
 UNITED KINGDOM 9720524.9 09/29/1997
 UNITED KINGDOM 9807760.5 04/14/1998
 UNITED KINGDOM 9811130.5 05/23/1998
 UNITED KINGDOM 970525.6 09/29/1997

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/27/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

TALIVALDIS CEPURITIS
 OLSON & HIERL, LTD.
 20 NORTH WACKER DRIVE
 36TH FLOOR
 CHICAGO ,IL 60606

TITLE

METHODS FOR PROTEIN SCREENING

FILING FEE RECEIVED 1902	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees								
<input type="checkbox"/> 1.16 Fees (Filing)								
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)								
<input type="checkbox"/> 1.18 Fees (Issue)								
<input type="checkbox"/> Other _____								
<input type="checkbox"/> Credit								